# HIOS Part II Preliminary Justification – Written Explanation of Rate Increase Gundersen Health Plan Individual Medical Business in Iowa January through December 2017

## 1. SCOPE AND RANGE OF RATE INCREASE

The purpose of this memorandum is to request a rate increase for the Gundersen Health Plan's (Gundersen's) individual medical products in lowa with effective dates of January 1, 2017 through December 31, 2017.

This justification is intended to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act. This justification may not be appropriate for purposes or scopes beyond those described above and, therefore, should not be used for other purposes.

This letter specifically addresses the rate increase requested for the GundersenOne and GundersenOneHSA products, which impacts about 80 members. The overall requested rate change is a 19.8%. The requested rate changes for the GundersenOne (27651IA005) product and the GundersenOneHSA (27651IA006) product are 18.4% and 20.6%, respectively.

#### 2. FINANCIAL EXPERIENCE

Gundersen's 2015 claims far exceeded the revenue it collected. Table 1 includes Gundersen's 2015 financial experience for its individual ACA product.

G 2015 ACA-Complia	Table 1 Sundersen Health ant Experience Pe		nmary
	Allowed Claims	Incurred Claims	Earned Premium
Experience Rate	\$948,393	\$832,989	\$387,393

## 3. CHANGES IN MEDICAL SERVICE COSTS AND TREND ASSUMPTIONS

The projection of claims from the experience period to the effective period assumes 7% annual medical and drug trend. The trends were estimated based on historical trends, Milliman research, and actuarial judgment.

## 4. CHANGES IN BENEFITS

There are no significant changes in cost sharing except those needed to comply with the changes in the most recent 2017 Actuarial Value (AV) Calculator. There are no changes to rating factors (e.g., age) in this rate filing other than changes to the base premium rate and rate relativities by plan.

## 5. ADMINISTRATIVE COSTS AND ANTICIPATED PROFITS

Gundersen's combined administrative costs and anticipated margin assumed in the 2017 pricing are higher than the assumption in the 2016 pricing.

## 6. FEDERAL TRANSITIONAL REINSURANCE PROGRAM

The federal transitional reinsurance program is a temporary program that ends in 2016. Elimination of the reinsurance benefit results in an increase in premium rates for individual market.



## Part III Actuarial Memorandum

Gundersen Health Plan, Inc. Iowa Individual Rate Filing Effective January 1, 2017

Prepared for: Gundersen Health Plan, Inc.

Prepared by: Kimberley Hiemenz, FSA, MAAA Principal and Consulting Actuary

15800 Bluemound Road Suite 100 Brookfield, WI 53005 USA Tel +1 262 784 2250 Fax +1 262 923 3680

milliman.com

## **TABLE OF CONTENTS**

The following table summarizes the sections included in this document. Some sections may span multiple pages.

SECTION	SECTION TITLE
Section 1	General Information
Section 2	Proposed Rate Increase(s)
Section 3	Experience Premium and Claims
Section 4	Benefit Categories
Section 5	Projection Factors
Section 6	Credibility Manual Rate Development
Section 7	Credibility of Experience
Section 8	Paid to Allowed Ratio
Section 9	Risk Adjustment and Reinsurance
Section 10	Non-Benefit Expenses, Profit, and Risk
Section 11	Projected Loss Ratio
Section 12	Single Risk Pool
Section 13	Index Rate
Section 14	Market Adjusted Index Rates
Section 15	Plan Adjusted Index Rates
Section 16	Calibration
Section 17	Consumer Adjusted Premium Rate Development
Section 18	AV Metal Values
Section 19	AV Pricing Values
Section 20	Membership Projections
Section 21	Terminated Products
Section 22	Plan Type
Section 23	Warning Alerts
Section 24	Effective Rate Review Information
Section 25	Reliance
Section 26	Actuarial Certification

#### **SECTION 1. GENERAL INFORMATION**

#### **Document Overview**

This document contains the Part III Actuarial Memorandum for Gundersen Health Plan, Inc.'s (Gundersen's) Iowa individual block of business, effective January 1, 2017. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the Actuarial Memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This Actuarial Memorandum is subject to the terms and conditions of the Consulting Services Agreement between Gundersen and Milliman, Inc. (Milliman). The information in this Actuarial Memorandum has been prepared for the use of Gundersen. We understand the Actuarial Memorandum will be provided to the lowa Insurance Division (IID), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Gundersen's rate filing. We understand the information provided may be considered public documents and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed to place no reliance upon this Actuarial Memorandum or rate filing prepared for Gundersen by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman to any third party.

The results are actuarial projections. Actual experience will differ for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

#### Company Identifying Information

Company Legal Name: Gundersen Health Plan, Inc.

State:

Iowa

HIOS Issuer ID:

Market:

27651 Individual

Effective Date:

January 1, 2017

## **Company Contact Information**

Primary Contact Name:

Sam Schmirler, ASA, MAAA

Primary Contact Telephone Number:

(608) 775-8009

Primary Contact Email Address:

sgschmir@gundersenhealth.org

## SECTION 2. PROPOSED RATE INCREASE(S)

This submission is for rate revisions to Gundersen's existing Iowa individual medical ACA-compliant products. The following products are included in this filing:

- GundersenOne (27651IA005)
- GundersenOneHSA (27651IA006)

The new rates are effective for individuals with an effective date or renewal date of January 1, 2017 through December 31, 2017. The overall requested rate change is 19.8%. The requested rate changes for the GundersenOne (27651IA005) product and the GundersenOneHSA (27651IA006) product are 18.4% and 20.6%, respectively.

The proposed rate change does not vary by region, but does vary by plan. There are a number of plan-specific changes from 2016 to 2017 that cause the rate increase to vary by plan, including changes in plan benefits, pricing model changes in determining pricing values and the plan design behavior factors, changes to the provider reimbursements, and revised retention assumptions. These changes are applied at the benefit plan level resulting in different rate increases by plan.

There are no changes to rating factors (e.g., age, tobacco) in this rate filing other than changes to the base premium rate and rate relativities by plan.

The reasons for the rate change are:

- Emerging claim experience,
- Expected future medical inflation and utilization changes,
- Changes in ACA taxes and fees,
- Changes in expected Federal Transitional Reinsurance Program,
- Change in the mix of business, and
- Changes in administrative fees and requested profit margin.

#### SECTION 3. EXPERIENCE PREMIUM AND CLAIMS

The experience reported on Worksheet 1, Section I of the URRT shows Gundersen's earned premium and incurred claims estimated as claims incurred during the period of January 1, 2015 through December 31, 2015, and paid through February 2016 and an estimate of incurred but not paid (IBNP) claims as of February 29, 2016.

## Premiums (Net of MLR Rebate) in Experience Period

The earned premium reported in Worksheet 1 of the URRT reflects the sum of member level premium for the experience period (calendar year 2015) plus the estimated risk adjustment payable. Gundersen's 2015 individual ACA loss ratio exceeded the MLR requirement. Therefore, an adjustment for MLR rebates was not needed.

Table 1 Gundersen Health Plan, Inc. Premium Net of MLR Rebates	
Description	Value
2015 Earned Premium PMPM	\$600.50
Expected Risk Adjustment Receivables (Payables) PMPM	(35.79)
2015 MLR Rebates PMPM	0.00
2015 Earned Premium Net of Risk Adjustment and MLR Rebates PMPM	\$564.71

## Allowed and Incurred Claims Incurred During the Experience Period

The following table summarizes the experience premium and allowed claims as listed in Worksheet 1, Section I of the Part I URRT.

Table 2 Gundersen Health Plan, Inc. Experience Period Claims Summary				
Description	Allowed Claims	Incurred Claims		
Processed Through Gundersen's Claim System	\$934,227	\$820,546		
Incurred but Not Paid	14,166	12,443		
Total	\$948,393	\$832,989		

Gundersen processes all medical claims internally. Pharmacy claims are processed by a separate external vendor. Both allowed claims and incurred claims were provided directly from Gundersen's claim records.

We completed the claims by using lag development factors for lags across all of Gundersen's commercial business. We applied the IBNP claims as a percent of total claims estimate consistently for both allowed and paid claims.

We developed our best estimates of Gundersen's IBNP claim liabilities by blending two estimation methods: A lag completion method and a projection method. Both methods estimate monthly incurred claims with the IBNP claim liability as the result of subtracting paid claims from estimated incurred claims.

The lag completion method estimates monthly incurred claims based on Gundersen's historical monthly patterns of claim incurral and processing. This method will produce fairly stable results for months where sufficient time has passed since incurral. However, the lag completion method produces less stable results when estimating incurred claims for more recent months and as such, the projection method is relied on more for the most recent incurral months.

The projection method:

- Starts with an incurred claims cost estimated by the lag method for a stable base period,
- Calculates an incurred claim cost level per member per month (PMPM),
- Trends the PMPM level forward to the more recent incurred months, and
- Calculates the incurred claim estimates for a month by multiplying the projected PMPM by the number of members.

The projection method is based on a trend factor selected to reflect anticipated changes in the volume of services, mix of services, and provider reimbursement levels.

Results from both methods were blended to calculate the final incurred claim estimates. The results of these analyses were also reviewed in light of other available information (e.g., claims inventory reports, large claims reports, etc.) and judgment to arrive at the estimates.

#### **SECTION 4. BENEFIT CATEGORIES**

We assigned the experience data utilization and cost information to benefit categories, as shown in Worksheet 1, Section II of the Part 1 URRT, based on place and type of service using a detailed claims mapping algorithm summarized as follows:

## Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

#### **Outpatient Hospital**

Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.

#### **Professional**

Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.

#### Other Medical

Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

## Capitation

Not applicable.

## **Prescription Drug**

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

#### SECTION 5. PROJECTION FACTORS

Due to Gundersen's limited 2015 individual market experience in Iowa, we developed the 2017 projection using a credibility manual rate. The Credibility Manual Rate Development section of this memorandum describes the manual rate development.

## SECTION 6. CREDIBILITY MANUAL RATE DEVELOPMENT

Gundersen's 2017 individual rates are based 100% on manual rates due to Gundersen's limited enrollment in the 2015 individual market in Iowa.

## Source and Appropriateness of Experience Data Used

Source: The credibility manual rate is based on Gundersen's aggregate individual experience which includes Wisconsin, Iowa, and Minnesota.

Appropriateness: Gundersen's individual experience across all three states reflects the same underlying utilization patterns in Gundersen's service area that are expected in Gundersen's individual product in lowa. We adjusted the combined Gundersen individual experience as needed to be consistent with our projection of the 2017 lowa individual market (as noted in this memorandum). Gundersen's membership in Iowa and Minnesota is small, especially relative to its Wisconsin membership. Since Gundersen's service areas in Iowa and Minnesota are the areas immediately bordering Wisconsin, we don't expect a large volume of membership from Iowa or Minnesota, nor do we expect the risk profile of members to significantly differ between the Iowa / Minnesota border area and Wisconsin (despite state differences).

## Adjustments Made to Gundersen Data

## **Trend**

The development of Gundersen's 2017 rates reflects an annual trend rate of 7.0%, which is based on national and Midwest industry experience and actuarial judgment. We believe the 7.0% trend rate is reasonable based on our comparison to other trend research as noted below.

- The projected secular trend from Milliman's Commercial Health Cost Guidelines (HCGs) is similar to our trend assumption.
- We also referenced the S&P trend indices. The indices measure the changes in healthcare expenditures and utilization for individuals enrolled in commercial health insurance plans in the U.S. The expenditures and utilization measures cover inpatient and outpatient care, as well as generic and branded prescription pharmaceuticals. Several large data providers give S&P DJI the data on which the index calculations are based. These providers cover approximately 40% of the total commercially insured Fee-for-Service ("FFS") healthcare market in the U.S. The Midwest trend is very similar to our 7.0% assumption while the national trend is higher.

## Changes in the Morbidity of the Population Insured

Not applicable. We believe the underlying manual rate experience data is representative of the morbidity of the lowa individual market. Further, we project no change in morbidity between the 2015 experience 2017.

#### **Benefits**

We adjusted the projection to reflect differences in the plan mix underlying the manual rate experience compared to the projected plan mix for Gundersen's 2017 lowa individual market. We used Milliman's *Health Cost Guidelines (HCGs)*, in conjunction with the historical experience of Gundersen's individual block of business to reflect plan mix differences.

#### Demographics

We reflected the difference between the demographics underlying the 2015 individual experience across Wisconsin, Iowa, and Minnesota and the projected 2017 Iowa individual product demographics.

#### Changes in Provider Reimbursement

We reflected the difference between the provider reimbursement underlying the 2015 individual experience across Wisconsin, Iowa, and Minnesota and the projected 2017 Iowa individual product demographics.

#### Inclusion of Capitation Payments

Not applicable.

#### SECTION 7. CREDIBILITY OF EXPERIENCE

## **Description of the Credibility Method Used**

We assigned credibility to Gundersen's 2015 Individual experience based on an assumed full credibility threshold of 65,000 member months. The credibility threshold is based on Milliman research on variability of claims in the commercial market.

## Resulting Credibility Level Assigned to the Base Period Experience

The credibility assigned to the base period experience is 0%.

The following table summarizes the adjusted credibility of the base period experience. Since the resulting adjusted credibility was less than 10%, we assigned 0% credibility. (This approach is similar to the Medicare Advantage credibility safe harbor threshold approach.)

Table 3 Gundersen Health Plan, Inc. Credibility of Base Experience				
Description	Value	Annotation		
Member Months – Base Experience	686	(a)		
Full Credibility Threshold – Member Months	65,000	(b)		
% Base Experience in the Manual Rate	1%	(c)		
Credibility of Base Experience (no adjustment)	10%	(d) = $Min{sqrt[(a)/(b)],1}$		
Adjusted Credibility of Base Experience	9%	(e) = [(d)-(c)] / [1-(c)]		
Credibility Used in Claims Projection	0%	$(f) = If\{(e) < 10\%, 0, (e)\}$		

## **SECTION 8. PAID TO ALLOWED RATIO**

The following table provides support for the average projected paid to allowed ratio. The average projected allowed and incurred PMPM reflects the member month weighted average from Worksheet 2, Section IV of the URRT. The average projected paid-to-allowed ratio is consistent with Worksheet 1, Section III of the URRT.

Table 4 Gundersen Health Plan, In Average Paid to Allowed Factor S	
Description	Value
Average projected allowed PMPM	\$786.51
Average projected incurred claims PMPM	\$539.55
Average projected paid-to-allowed ratio	68.6%

The projected paid and allowed claims reflect the member month weighted average by metal level from Worksheet 2, Section IV of the URRT. The total paid-to-allowed ratio is consistent with Worksheet 1, Section III of the URRT.

#### SECTION 9. RISK ADJUSTMENT AND REINSURANCE

## **Experience Period Risk Adjustments PMPM**

Gundersen performed a 2015 risk adjustment study to develop their lowa Individual risk adjustment estimate. We reviewed their analysis for reasonableness and in light of 2014 actual results and expected changes from 2014 results. Gundersen's estimated 2015 risk adjustment payable is \$35.87 PMPM (including the \$0.08 risk adjustment user fee).

## Projected Risk Adjustments PMPM

We assume Gundersen's 2017 Iowa individual risk adjustment payable PMPM will be similar to Gundersen's 2015 Iowa individual risk adjustment estimate. The anticipated risk transfer payment including the risk adjustment fees assumed to be \$0.13 for CY2017 is \$35.13 PMPM. This is applied to the Index Rate as a market level adjustment.

## Experience Period ACA Reinsurance Recoveries Net of Reinsurance Premium

Estimates for Federal reinsurance received in the experience period were calculated from Gundersen's actual 2015 experience and applying the 2015 Federal reinsurance parameters. The composite amount of \$232.51 PMPM is net of the \$3.67 PMPM administrative fee.

## Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The federal transitional reinsurance program is a temporary program that ends in 2016. As a result, we did not project any federal transitional reinsurance contributions or recoveries for 2017.

## SECTION 10. NON-BENEFIT EXPENSES AND PROFIT AND RISK

The following table summarizes retention components included in rate development.

Table 5 Gundersen Health Plan, Inc.				
Illustration of Administrative Expenses by URRT, Worksheet 1 Category				
Retention Description	PMPM	% Premium	Basis	Annotation
<b>Administrative Expense Load</b>				
General Administrative Expense			% of Premium	(1)
Commission			% of Premium	(2)
Commercial Reinsurance Recoveries			PMPM	(3)
Commercial Reinsurance Premiums			PMPM	(4)
Quality Improvement			% of Premium	(5)
Information Technology			% of Premium	(6)
Other Administrative Expenses			PMPM	(7)
Subtotal: Administrative Expense Load	\$82.50	11.78%		(8) = (1) + (2) + (3) + (4) + (5) + (6) + (7)
Profit and Risk Load				
Target Post-Tax Gain / Loss	\$15.27	2.18%	% of Premium	(9)
Subtotal: Profit and Risk Load	\$15.27	2.18%		(10) = (9)
Taxes and Fees				
Premium Tax			% of Premium	(11)
PCORI			PMPM	(12)
Exchange Fee			% of Premium	(13)
Subtotal: Taxes and Fees	\$27.87	3.98%		(14) = (11) + (12) + (13)
Total Retention	\$125.64	17.94%		(15) = (8) + (10) + (14)

Administrative expenses were developed based on Gundersen's estimate of 2017 projected expenses.

Profit and Risk Load target values were determined as an aggregate value for the single-risk pool based on company targets, anticipated uncertainty of the 2017 market, and consideration for federal MLR requirements. We applied pre-tax profit margins of for all plans, varying in order to maintain consistent rate changes whenever possible while preserving the premium relationship between plans.

## **SECTION 11. PROJECTED LOSS RATIO**

The projected loss ratio is \_\_\_\_\_. This loss ratio is calculated consistently with the MLR methodology, according to the National Association of Insurance Commissioners, as prescribed by 45 CFR 158.221. The following table demonstrates Gundersen's premium development and MLR calculation using rounded values.

The following table summarizes the calculation for the projected federal medical loss ratio.

Table 6 Gundersen Health Plan, Inc. Projected 2017 Federal Medical Loss Ratio			
Member Months	1,020		
MLR Numerator Calculations			
Paid Claims PMPM	\$539.55		
Claim-Related Retention (QI / Health IT) PMPM	<b>科技术</b> 文章的 医自由性结合体		
Prior Rebate	0.00		
Change in Reserve	0.00		
Risk Adjustment Paid (Received) PMPM	35.00		
Transitional Reinsurance Recoveries (Received) PMPM	0.00		
Risk Corridors Paid (Received)	0.00		
MLR Numerator	<b>《范内》的图像</b>		
MLR Denominator Calculations			
Premium PMPM	\$700.31		
Premium-Related Retention (Taxes and Fees) PMPM			
MLR Denominator			
Medical Loss Ratio			

## SECTION 12. SINGLE RISK POOL

The single risk pool was developed in accordance with the requirements in 45 CFR 156.80(d). Gundersen does not have any individual transitional plans or individual grandfathered plans.

## **SECTION 13. INDEX RATE**

The index rate for the experience period is a measurement of the average allowed claims PMPM for EHB benefits. There were additional benefits offered beyond the EHB benefits. The experience Index Rate has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Marketplace user fees.

Section 3 (Experience Period Premium and Claim) describes the development of the experience index rate. The experience period index rate covers a 12-month period for individuals effective January 1, 2015 through December 31, 2015. The experience period Index Rate is less than the experience period total allowed claims PMPM, since there are benefits offered beyond the EHB benefits. Specifically, Gundersen offers adult vision non-EHB benefits which we estimate account for 0.16% of claim costs.

The index rate for the projection period is a measurement of average allowed claims PMPM for EHBs. Section 6 (Credibility Manual Rate Development) of this memorandum describes the development of the projected index rate. The projected index rate reflects the projected 2017 mixture of catastrophic / non-catastrophic enrollment and the projected mixture of risk morbidity that Gundersen expects to receive in single risk pool. Gundersen will offer additional benefits beyond the EHB benefits in 2017. Specifically, Gundersen will offer adult vision non-EHB benefits. We estimate these benefits to account for 0.27% of claim costs.

The projected Index Rate equals the projected total allowed claims PMPM, minus the total non-EHB allowed claims PMPM. The projected Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Marketplace user fees.

## SECTION 14. MARKET ADJUSTED INDEX RATES

The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market Adjusted Index Rate.

Table 7 Gundersen Health Plan, Inc Market Adjusted Index Rate Devel	
2017 Index Rate PMPM	\$784.39
Market Adjustments (paid basis)	
Net Risk Adjustment	\$35.13
Net Federal Transitional Reinsurance	0.00
Marketplace User Fees	
Paid-to-Allowed Ratio	0.686
Market Adjustments (allowed basis)	
Net Risk Adjustment	
Net Federal Transitional Reinsurance	
Marketplace User Fees	
Market Adjusted Index Rate PMPM	

The Market Adjusted Index Rate is not calibrated. This means this rate reflects the average demographic characteristics of the single risk pool.

The above modifiers were developed as follows:

Net Risk Adjustment

This factor includes the impact of the estimated risk adjustment transfer payment as addressed in Section 9 plus the Risk Adjustment User Fee of \$0.13.

Net Transitional Reinsurance

This factor is \$0 since the Transitional Reinsurance program has ended for 2017.

Marketplace User Fee adjustment

The Marketplace User Fee adjustment was determined as the average of the Marketplace user fee and no fee, weighted using the expected distribution of issuer enrollment sold through versus outside the Marketplace.

#### SECTION 15. PLAN ADJUSTED INDEX RATES

The Market Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rates using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
  - The CMS Actuarial Value Calculator was used to determine the AV metal value for each plan.
  - The AV and cost sharing pricing adjustment was developed utilizing the HCGs. Relativities between plans were based on the differences in cost and utilization for varying levels of cost sharing.
- Gundersen does not charge a tobacco surcharge for smokers so no adjustment is necessary
- Provider network, delivery system, and utilization management adjustment
  - Expected differences in claims costs due to differences in provider networks and / or utilization management was determined based on Gundersen's contractually negotiated reimbursement arrangements.
- Adjustment for benefits in addition to the EHBs
  - We made an adjustment for non-EHBs since Gundersen's plans include adult vision.
- Adjustment for distribution and administrative costs
  - Adjustment is developed to indicate the impact of non-benefit expenses. This adjustment
    may differ by plan due to the relative impact of administrative costs that are developed as a
    PMPM rather than as a percent of premium and due to varying profit margins by plan.
- Adjustment for Catastrophic risk pool
  - The catastrophic adjustment factor reflects the projected average demographics of individuals enrolled in a catastrophic plan relative to the other metal tiers. That is, the catastrophic plans are likely to attract a young, healthy population seeking minimal coverage yet still meeting the individual mandate.

Appendix A demonstrates the Plan Adjusted Index Rate development for each plan in the projection period.

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and, therefore, are not calibrated.

## SECTION 16. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Section 15 to calibrate rates for the expected age and geographic distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

## Age Curve Calibration

To determine the calibration factor for age, the projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor. Prior to applying the allowed rating factors for age, geography, and tobacco, the plan adjusted index rates need to be divided by the age curve calibration factor. A development of the age curve calibration factor is given below as Table 8.

Table 8 Gundersen Health Plan, Inc. Development of Age Calibration Factor			
Age Band	Rating Factors	Membership Distribution	
0-20 (1-3)			
0-20 (4+)			
21-24			
25-29			
30-34			
35-39			
40-44			
45-49			
50-54			
55-59			
60-63			
64+	Burk dallar		
Compo	site Rating Factor:		
Age C	alibration Factor:	地域。這些學學的	

Appendix B demonstrates the calibration performed for each plan.

## **Geographic Factor Calibration**

Gundersen does not apply area factors. As a result, the geographic calibration factor is 1.00. Appendix B demonstrates the calibration performed for each plan.

## SECTION 17. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual, family, or small employer group utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Plan Adjusted Index Rate, the geographic rating factor, the age rating factor, and the tobacco status rating factor. All rating factors are described and shown below.

Gundersen uses the Federal age rating factors. Gundersen does not apply tobacco rating factors.

Gundersen does not use geographic rating factors.

The premium for family coverage is determined by summing the consumer adjusted premium rates for each family member, provided only the three oldest child dependents under age 21 are taken into account.

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, and tobacco factors.

Table 9 Gundersen Health Plan, Inc. Sample Consumer Adjusted Premium Rate Development	
Plan: Silver \$4000 - 10% (27651IA0050005)	
Calibrated Plan Adjusted Index Rate	\$416.38
Age: 40	1.278
Consumer Adjusted Premium Rate	\$532.13

#### **SECTION 18. AV METAL VALUES**

The AV metal values included in Worksheet 2 are entirely based on the AV Calculator. Attachment A includes the screenshots of the AVC inputs for all 2017 plan offerings.

#### **SECTION 19. AV PRICING VALUES**

Appendix C summarizes all of the adjustments included in the AV Pricing Value.

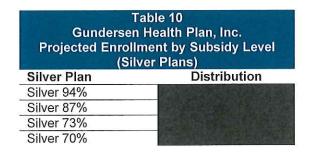
The AV Pricing Value represents the cumulative effect of the adjustments made by Gundersen to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on the contractual adjustments from the *HCGs*. These adjustment factors only contain expected differences in utilization due to differences in cost sharing and not due to health status.

## SECTION 20. MEMBERSHIP PROJECTIONS

Gundersen projected membership (as displayed in Worksheet 2, Section IV of the URRT) by considering the size of the projected lowa individual market in 2017 in its service area and an assumed penetration rate of this market. Gundersen used its early 2016 enrollment to project the enrollment distribution by plan to inform the development of this assumption.

We projected cost sharing reduction (CSR) eligibles consistent with 2016 enrollment.



#### **SECTION 21. TERMINATED PRODUCTS**

Gundersen did not terminate any of its individual products offered in 2015 or 2016.

#### **SECTION 22. PLAN TYPE**

There are no differences between the plans of Gundersen and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

#### SECTION 23. WARNING ALERTS

The URRT shows the following warnings:

- There is a warning in Worksheet 2, cell A57, because the Section III average Plan Adjusted Index Rate does not match the experience premium PMPM from Worksheet 1. This variance is due to the fact that the experience Plan Adjusted Index Rate reported in Worksheet 2, row 55 for single risk pool compliant plans is based on the Index Rate filed in 2015, the market adjustments filed in 2015, and the allowable plan adjustments in 2015, consistent with HHS's instructions. However, the premium reported in Worksheet 1 is based on actual experience.
- Warning alerts appear in Worksheet 2, Section III of the URRT for rows 68 and 73. The warning alert appears in each of these items related to the same issue, which is the definition of this item in Worksheet 1 compared to Worksheet 2, as follows:
  - Worksheet 1 defines incurred claims as allowed claims less member cost-sharing and cost-sharing paid by HHS on behalf of low-income members.
  - Worksheet 2 calculates incurred claims as the "Total Allowed" less "Allowed Claims Which
    are not the Issuer's Obligation". "Allowed Claims Which are not the Issuer's Obligation"
    include reinsurance receipts and risk adjuster receipt / transfer, which are not part of the
    definition in Worksheet 1.

#### SECTION 24. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Not applicable.

#### SECTION 25. RELIANCE

In performing this analysis, we relied on data and other information provided by Gundersen. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

We performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

#### **SECTION 26. ACTUARIAL CERTIFICATION**

I am a Principal and Consulting Actuary with the firm of Milliman, Inc. Gundersen Health Plan, Inc. engaged me to provide the opinion herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

- 1. The projected index rate is
  - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102).
  - Developed in compliance with the applicable Actuarial Standards of Practice.
  - Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - Neither excessive nor deficient based on my best estimates of the 2017 Individual market.
- 2. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV was calculated in accordance with actuarial standards of practice.
- 4. The geographic rating factors used reflect only differences in the cost of delivery and do not include differences for population morbidity by geographic area.
- 5. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this Actuarial Memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Respectfully Submitted,

gramment yellowing

Kimberley K. Hiemenz, FSA, MAAA

Principal and Consulting Actuary, Milliman

May 10, 2016

# **APPENDICES**

	<u> </u>
	<u>iii</u>
	≅

100.0%

27651IA0060002 27651IA0060003 27651IA0060004 27651IA0060005

Silver HSA \$2000 - 50%
Bronze HSA \$4400 - 50%
Bronze HSA \$6550 - 0%
Bronze HSA \$5750 - 20%

Total

5.9% 2.4% 1.2% 1.2% 15.3%

> 27651IA0050014 27651IA0060001

Catastrophic \$7150 - 0% Silver HSA \$4400 - 0%

Gold \$1750 - 30%
Gold \$3500 - 0%
Silver \$4000 - 10%
Silver \$2500 - 50%
Silver \$2500 - 20%
Bronze \$3750 - 50%
Bronze \$5000 - 10%
Bronze \$6000 - 10%

22.4%

Plan Adjusted Index Rate

Administrative

Catastrophic Adjustment

Benefits In Addition to

Network

AV & Cost Sharing

Adjusted Index Rate

Membership

HIOS Plan ID

Platinum \$1000 - 0% Platinum \$500 - 20%

Plan Name

3.5%

27651IA0050001 27651IA0050002 27651IA0050003 27651IA0050004 27651IA0050005

2.4% 2.4% 8.2% 4.7%

1.2%

27651IA0050006 27651IA0050007 27651IA0050008 27651IA0050009 27651IA0050010

Development of Plan Adjusted Index Rate Market Provider

Gundersen Health Plan, Inc.

Appendix A

EHBS

Adjustment

Costs Excl. Exchange Fee

	$\Box$
	a
	F
	≐
Ì	Ξ
1	≥

		4	Appendix B				
		Gunderse	Gundersen Health Plan, Inc.	, Inc.			
		Plan Adjusted Index Rate Calibration	Index Rate C	alibration			
			Plan	Age	Geography		Calibrated Plan
		Plan	Adjusted	Calibration	Calibration	Calibration	Adjusted Index
Plan Name	HIOS Plan ID	Membership	Index Rate	Factor	Factor	Factor	Rate
Platinum \$1000 - 0%	27651IA0050001	2.4%					\$526.50
Platinum \$500 - 20%	27651IA0050002	3.5%					\$531.35
Gold \$1750 - 30%	27651IA0050003	2.4%					\$470.18
Gold \$3500 - 0%	27651IA0050004	2.4%					\$445.85
Silver \$4000 - 10%	27651IA0050005	8.2%					\$416.38
Silver \$2500 - 50%	27651IA0050006	4.7%					\$409.80
Silver \$2500 - 20%	27651IA0050007	1.2%					\$428.95
Bronze \$3750 - 50%	27651IA0050008	2.9%					\$343.24
Bronze \$5000 - 10%	27651IA0050009	2.4%					\$350.99
Bronze \$6500 - 10%	27651IA0050010	1.2%					\$339.26
Catastrophic \$7150 - 0%	27651IA0050014	1.2%					\$298.99
Silver HSA \$4400 - 0%	27651IA0060001	15.3%					\$383.04
Silver HSA \$2000 - 50%	27651IA0060002	22.4%					\$400.05
Bronze HSA \$4400 - 50%	27651IA0060003	2.4%					\$334.01
Bronze HSA \$6550 - 0%	27651IA0060004	8.2%					\$315.18
Bronze HSA \$5750 - 20%	27651IA0060005	16.5%					\$318.20
Total		100.0%					\$381.51
		•					

	_
	L
	π
	_
	⋍
٠	=
۰	
:	=
	_

			Appendix C				
		Gunde	Gundersen Health Plan, Inc.	an, Inc.			
		Develop	<b>Development of AV Pricing Value</b>	ing Value			
			Provider	Benefits In	Administrative	Specific	CO. See Section address and
		AV & Cost	Network	Addition to	Costs Excl.	Catastrophic	AV Pricing
Plan Name	Plan ID	Sharing	Adjustment	EHBs	Exchange Fee	Eligibility	Value <sup>1</sup>
Platinum \$1000 - 0%	27651IA0050001						1.116
Platinum \$500 - 20%	27651IA0050002						1.127
Gold \$1750 - 30%	27651IA0050003						0.997
Gold \$3500 - 0%	27651IA0050004						0.945
Silver \$4000 - 10%	27651IA0050005						0.883
Silver \$2500 - 50%	27651IA0050006						0.869
Silver \$2500 - 20%	27651IA0050007						0.909
Bronze \$3750 - 50%	27651IA0050008						0.728
Bronze \$5000 - 10%	27651IA0050009	Tin.					0.744
Bronze \$6500 - 10%	27651IA0050010						0.719
Catastrophic \$7150 - 0%	27651IA0050014						0.634
Silver HSA \$4400 - 0%	27651IA0060001						0.812
Silver HSA \$2000 - 50%	27651IA0060002						0.848
Bronze HSA \$4400 - 50%	27651IA0060003						0.708
Bronze HSA \$6550 - 0%	27651IA0060004						0.668
Bronze HSA \$5750 - 20%	27651IA0060005						0.675

<sup>&#</sup>x27;Reflects actual AV pricing value. This may be slightly different than the product of the columns due to rounding used in the chart.

# **RELIANCE LETTER**

# GUNDERSEN HEALTH PLAN

May 10, 2016

Mrs. Kimberley K. Hiemenz, FSA, MAAA Principal and Consulting Actuary Milliman, Inc. 15800 Bluemound Road - Suite 100 Brookfield, WI 53005-6069

Re: Gundersen Health Plan's 2017 Individual and Small Group Pricing

## Dear Kim:

I, Sam Schmirler, ASA, MAAA, Director of Managed Care Business Development at Gundersen Health Plan (Gundersen), hereby affirm the data sources, assumptions, and information identified below and provided to Milliman, Inc. were prepared under my direction, and these items relied upon are to the best of my knowledge accurate and complete. Finally, I affirm all information that affects the 2017 individual and small group premium rate development has been given to you, and I have disclosed all items of which I am aware that would have a material impact on the rate projections.

The information provided includes:

- 1. Benefit plans Gundersen intends to offer in 2017,
- 2. Product name, product id, and plan name as entered in the Health Insurance Oversight System (HIOS) for each benefit plan,
- 3. Product IDs and plan IDs are complaint with Federal regulations,
- Projected administrative expenses and target profit,
- 5. Projected 2017 enrollment by plan, area, and demographics,
- Historical claim, premium and membership experience for Gundersen's individual and small group products,
- 7. The rating regions in which Gundersen intends to offer individual and small group products in 2017,
- 8. Information regarding risk adjustment and reinsurance,
- 9. Guidance on appropriate medical trend factors for Gundersen,
- 10. Expected provider reimbursement rates,
- Assurance Gundersen has accurately entered plan designs into the PBT and other Federal forms and found no meaningful discrepancies in the Actuarial Value calculations, and
- 12. Other information provided by Gundersen in various meetings, phone calls, emails, and other correspondence.

1 10

May 10, 2016	And I
Date	Mr Sam Schmirler, ASA, MAAA
	Director of Managed Care Business Development
	Gundersen Health Plan

## **ATTACHMENT**

User Inputs for Plan Parameters					
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Options</b>		Narrow
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Blended Network
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00	1st Tier
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Conti	button Amount.	30.00	2nd Tier
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Platinum 🔻			÷	
	Tier	1 Plan Benefit D	esign		Tier 2 P
	Medical	Drug	Combined		Medical
Deductible (\$)	\$1,000.00	\$0.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	50.00%			
OOP Maximum (\$)	\$1,0	00.00			
OOP Maximum if Separate (\$)					
*					
Click Here for Important Instructions		Tie	er1		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to : Deductible? Co
Medical	✓ All	✓ All		to subject the same	✓ All
Emergency Room Services				\$150.00	
All Inpatient Hospital Services (inc. MHSA)	v	Ø	The state of the s		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				****	
X-rays)				\$50.00	
Specialist Visit				\$50.00	
Mental/Behavioral Health and Substance Abuse Disorder					
Outpatient Services				\$50.00	
Imaging (CT/PET Scans, MRIs)	V	V			
Rehabilitative Speech Therapy				\$50.00	
				450.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$50.00	
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V		= 785=	
Skilled Nursing Facility	V	V			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>			1
Drugs	✓ All	✓ All	THE RESERVE TO SERVE THE PARTY OF THE PARTY		✓ All
Generics				\$5.00	
Preferred Brand Drugs				\$25.00	
Non-Preferred Brand Drugs			U. (1802	\$75.00	
Specialty Drugs (i.e. high-cost)		<b>V</b>			
Options for Additional Benefit Design Limits:		•)	Plan Description	:	
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Platinum \$100	0 - 0%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA005000	01
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	,		
# Visits (1-10):					
Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
Copays?					
#Copays (1-10):					
Output	7000	70			
Calculate					
Status/Error Messages:	Calculation Suco	essful.			
Actuarial Value:	91.42%				
Metal Tier:	Platinum				

User Inputs for Plan Parameters					-
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	and the second	Narro
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Blended Netwo
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00	1st Ti
Use Separate OOP Maximum for Medical and Drug Spending?		Annasi Colkin	oution / mount	30.00	2nd Ti
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Platinum 🕶			ř	
	Tier	1 Plan Benefit De	esign		Tier 2
	Medical	Drug	Combined		Medical
Deductible (\$)	\$500.00	\$0.00			
Coinsurance (%, Insurer's Cost Share)	80.00%	50.00%			
OOP Maximum (\$)	\$1,0	00.00		ļ	
OOP Maximum if Separate (\$)					
Click Here for Important Instructions	March March		er1		
Type of Benefit	Subject to	Subject to	Colnsurance, if	Copay, If	Subject to
туре от венетіс	Deductible?	Coinsurance?	different	separate	Deductible?
Medical	✓ All	✓ All			✓ All
Emergency Room Services				\$150.00	
All Inpatient Hospital Services (inc. MHSA)	V	V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00	
X-rays)				<b>Q20.00</b>	The state of the s
Specialist Visit				\$25.00	
Mental/Behavioral Health and Substance Abuse Disorder				\$25.00	
Outpatient Services					
Imaging (CT/PET Scans, MRIs)	✓	V			
Rehabilitative Speech Therapy				\$25.00	
				\$25.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	75-11-15-15-15-15-15-15-15-15-15-15-15-15				
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	✓	<b>V</b>	a a a a a a a a a a a a a a a a a a a		
X-rays and Diagnostic Imaging	V	<u> </u>			
Skilled Nursing Facility	✓	✓			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			
Outpatient Surgery Physician/Surgical Services	V	V			
Drugs	✓ All	✓ All			✓ All
Generics				\$5.00	
Preferred Brand Drugs				\$25.00	
Non-Preferred Brand Drugs				\$75.00	
Specialty Drugs (i.e. high-cost)		V			
Options for Additional Benefit Design Limits:	***************************************		Plan Description:		
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Platinum \$500	- 20%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA005000	2
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1			
# Visits (1-10):	MASSES				
Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
Copays?					
#Copays (1-10):		]			
Output		00			
Calculate					
Status/Error Messages:	Calculation Succ	essful.			
Actuarial Value:	91.66%				
Metal Tier:	Platinum				

II. I. I. S. DI. D					
User Inputs for Plan Parameters  Use Integrated Medical and Drug Deductible?		Section 1	HSA/HRA Options		
Apply Inpatient Copay per Day?	G 30		yer Contribution?		Bler
Apply Skilled Nursing Facility Copay per Day?	- i	HSA/TIKA EMPIO	yer contribution:	NAME OF STREET	Die
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	
AND THE PROPERTY OF THE PROPER					
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier		1 Dlan Danafit D	alam Mala and a	1	
		1 Plan Benefit Do	Combined		<u></u>
D - d 4th   - /th	Medical	\$0.00	Combined		- 11
Deductible (\$)	\$1,750.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	50.00%		N N	-
OOP Maximum (\$)	\$3,25	0.00			200
OOP Maximum if Separate (\$)					100000
Click Here for Important Instructions		Tle	r1		
CITCK HETE TOT IIII POTTAIN III STRUCTIONS	Subject to	Subject to	Colnsurance, if	Copay, if	Sı
Type of Benefit	Deductible?	Coinsurance?	different	separate	De
Modical	✓ All	✓ All	unicient	Separate	
Medical	All		KOS KINGI WARKE	\$150.00	
Emergency Room Services				\$150.00	-
All Inpatient Hospital Services (inc. MHSA)	<u> </u>	<u> </u>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00	2
X-rays)				625.00	1986
Specialist Visit				\$25.00	-
Mental/Behavioral Health and Substance Abuse Disorder				\$25.00	
Outpatient Services					-
Imaging (CT/PET Scans, MRIs)	<u> </u>	<u> </u>		4	
Rehabilitative Speech Therapy				\$25.00	
Be held like time Occupational and Bohabilitative Physical Thorapy				\$25.00	1
Rehabilitative Occupational and Rehabilitative Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00	JI Wal
Laboratory Outpatient and Professional Services		V	100/6	ÇOIOO	
	N	V			
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			
Skilled Nursing Facility		<u> </u>			100
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	$\checkmark$			
Outpatient Surgery Physician/Surgical Services	V	V			
Drugs	✓ All	✓ All			
Generics				\$5.00	
Preferred Brand Drugs				\$45.00	
Non-Preferred Brand Drugs				\$95.00	
Specialty Drugs (i.e. high-cost)		V			2010
Options for Additional Benefit Design Limits:			Plan Description	:	-
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Gold \$1750 - 3	0%
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	27651IA00500	
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	27651	
# Days (1-10):	_				
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):	<u></u>				
Begin Primary Care Deductible/Coinsurance After a Set Number of					
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?					
#Copays (1-10);					
Output					
Calculate	Calculation Cor-	ecful			
Status/Error Messages:	Calculation Succe	ssiui.			
Actuarial Value:	81.46%				
Metal Tier:	Gold				

U					
User Inputs for Plan Parameters  Use Integrated Medical and Drug Deductible?			HSA/HRA Options		
Apply Inpatient Copay per Day?			ver Contribution?		Bler
Apply Skilled Nursing Facility Copay per Day?				NA PARAMETERS	
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contril	oution Amount:	\$0.00	
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Gold 🔻				
Desired Metal Hel		r 1 Plan Benefit De	sign	7	
	Medical	Drug	Combined		N
Deductible (\$)	\$3,500.00	\$0.00	Combined		_
Coinsurance (%, Insurer's Cost Share)	100.00%	50.00%			
OOP Maximum (\$)		00.00			
OOP Maximum if Separate (\$)	45,5	The second			5761
OOF Maximum in Separate (3)			1		San San San
Click Here for Important Instructions		Tie	r1		
Click Here for important instructions	Subject to	Subject to	Colnsurance, if	Copay, If	Su
Type of Benefit	Deductible?	Coinsurance?	different	separate	Dec
Medical	✓ All	✓ All	unierent	separate	Det
				\$150.00	
Emergency Room Services				\$130.00	
All Inpatient Hospital Services (inc. MHSA)  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		<u> </u>			
				\$30.00	
X-rays)				\$30.00	
Specialist Visit				230.00	
Mental/Behavioral Health and Substance Abuse Disorder				\$30.00	
Outpatient Services	V	V			
Imaging (CT/PET Scans, MRIs)		- H		\$30.00	ME
Rehabilitative Speech Therapy				<b>\$30.00</b>	
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$30.00	
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V			
Skilled Nursing Facility	]	v		10.00000	-
Skined Walsing Facility					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	$\checkmark$			
Outpatient Surgery Physician/Surgical Services	V	V			
Drugs	✓ All	✓ All			1
Generics				\$5.00	Mile.
Preferred Brand Drugs				\$45.00	
Non-Preferred Brand Drugs				\$95.00	
Specialty Drugs (i.e. high-cost)		V			
Options for Additional Benefit Design Limits:			Plan Description	•	
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Gold \$3500 - 09	6
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA005000	4
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):	-				
Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
Copays?	500 <del>000</del>				
#Copays (1-10):					
Output	1 The Decide	-			
Calculate					
	Calculation Succ	essful.			
	79.30%				
	Gold				

User Inputs for Plan Parameters					
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		a E G
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Bler
Apply Skilled Nursing Facility Copay per Day?		A	.: 4	00.00	1 128
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	oution Amount:	\$0.00	
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Silver				
	Tier	1 Plan Benefit De	esign		
	Medical	Drug	Combined		N
Deductible (\$)	\$4,000.00	\$0.00			
Coinsurance (%, Insurer's Cost Share)	90.00%	50.00%			
OOP Maximum (\$)		00.00			
OOP Maximum if Separate (\$)				-	Way.
and the same of th		•	_		
Click Here for Important Instructions		Tie	r1		
	Subject to	Subject to	Coinsurance, if	Copay, if	Su
Type of Benefit	Deductible?	Coinsurance?	different	separate	Dec
Medical	✓ All	✓ All			
Emergency Room Services				\$150.00	
All Inpatient Hospital Services (inc. MHSA)	V	V			7
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		7953789		1	
X-rays)				\$50.00	
Specialist Visit				\$50.00	
Mental/Behavioral Health and Substance Abuse Disorder		Variety .	this direction and a second		100000
Outpatient Services				\$50.00	
Imaging (CT/PET Scans, MRIs)	V	V			
Rehabilitative Speech Therapy	T T	П		\$50.00	
The Industrial of the Industri					5.72
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$50.00	
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V			Mig
Skilled Nursing Facility	V	V			
		C			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓			3 3 V
Outpatient Surgery Physician/Surgical Services	V	V		<b>DESCRIPTION</b>	
Drugs	✓ All	✓ All			
Generics				\$10.00	
Preferred Brand Drugs				\$70.00	
Non-Preferred Brand Drugs				\$150.00	
Specialty Drugs (i.e. high-cost)		V			
Options for Additional Benefit Design Limits:		**************************************	Plan Description	:	
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Silver \$4000 -	10%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA00500	05
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		]			
# Visits (1-10):	5-9-6	1			
Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
Copays?					
#Copays (1-10):		]			
Output	77.	- PA			
Calculate					
Status/Error Messages:	Calculation Succe	essful.			
Actuarial Value:	69.50%				
Metal Tier:	Silver				

User Inputs for Plan Parameters					
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		i he
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Bler
Apply Skilled Nursing Facility Copay per Day?		A Cambril	hutian Amanutt	\$0.00	B Park
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contril	bution Amount:	\$0.00	
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Silver 🔻				
	Tier	1 Plan Benefit De	esign		1 80
	Medical	Drug	Combined		N
Deductible (\$)	\$2,500.00	\$0.00			
Coinsurance (%, Insurer's Cost Share)	50,00%	50.00%			
OOP Maximum (\$)	COCOCI ACADOMENTO	00.00	193 5 5 5 6 6 7 9		
OOP Maximum if Separate (\$)	DAVE OF THE REAL PROPERTY.				33.2
OUT WAXIII III OUDAITATE (4)					
Click Here for Important Instructions	THAR YELLY IN	Tie	er 1	Carl Stymar Va	
CITCL TOT INTEGRATION OF COLUMN	Subject to	Subject to	Coinsurance, if	Copay, if	Su
Type of Benefit	Deductible?	Coinsurance?	different	separate	Dec
Medical	✓ All	✓ All	DE ULEA DEVENIE		WENT STREET
Emergency Room Services			THE RESERVE THE PARTY OF THE PA	\$150.00	1000
			55%	\$130.00	-
All Inpatient Hospital Services (inc. MHSA)			3370		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$50.00	
X-rays)				¢E0.00	-
Specialist Visit				\$50.00	14000
Mental/Behavioral Health and Substance Abuse Disorder				\$50.00	13.74
Outpatient Services					125
Imaging (CT/PET Scans, MRIs)	V				1000
Rehabilitative Speech Therapy				\$50.00	-
D. L. Lilitativa Occupational and Dahahilitativa Dhysical Thereny				\$50.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy			100%	\$0.00	-
Preventive Care/Screening/Immunization		V	10070	Ş0.00	
Laboratory Outpatient and Professional Services					723
X-rays and Diagnostic Imaging		V		Like Herri	1-17-10
Skilled Nursing Facility	V	<u>V</u>		Consideration of the last of t	-
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			
Outpatient Surgery Physician/Surgical Services	V	~		84 EV	
Drugs	✓ All	✓ All			4851
Generics				\$10.00	au v
Preferred Brand Drugs				\$70.00	11.55
Non-Preferred Brand Drugs				\$150.00	*10000
Specialty Drugs (i.e. high-cost)		V		1	-
Options for Additional Benefit Design Limits:			Plan Description	ı.	
		1	Name:	Silver \$2500 - :	50%
Set a Maximum on Specialty Rx Coinsurance Payments?			Plan HIOS ID:	27651IA005000	
Specialty Rx Coinsurance Maximum:	П	+	Issuer HIOS ID:	27651 27651	50
Set a Maximum Number of Days for Charging an IP Copay?			issuel HIOS ID:	27631	
# Days (1-10):	_	-			
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):		1			
Begin Primary Care Deductible/Coinsurance After a Set Number of		y			
Copays?					
#Copays (1-10):	TABLE 11-	J			
Output					
Calculate					
Status/Error Messages:	Calculation Succe	essful.			
Actuarial Value:	71.86%				
Metal Tier:	Silver				

User Inputs for Plan Parameters					
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		
Apply Inpatient Copay per Day?	20.00		yer Contribution?		Blei
Apply Skilled Nursing Facility Copay per Day?	abla				W-
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Silver 🔻				
		1 Plan Benefit De	esign	I	
	Medical	Drug	Combined	1	t
Deductible (\$)	\$2,500.00	\$0.00			
Coinsurance (%, Insurer's Cost Share)	80.00%	50.00%			
OOP Maximum (\$)	\$5,00	0,00			
OOP Maximum if Separate (\$)				-	
			•		
Click Here for Important Instructions		Tie	er 1		
	Subject to	Subject to	Coinsurance, if	Copay, if	Sı
Type of Benefit	Deductible?	Coinsurance?	different	separate	De
Medical	✓ All	✓ All			
Emergency Room Services				\$150.00	900
All Inpatient Hospital Services (inc. MHSA)				\$200.00	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_	DE-EU			
X-rays)	✓	$\checkmark$			
Specialist Visit	V	V			
Mental/Behavioral Health and Substance Abuse Disorder	_				
Outpatient Services	☑	✓			
Imaging (CT/PET Scans, MRIs)	V	V			
Rehabilitative Speech Therapy	V	V			
	V	V			
Rehabilitative Occupational and Rehabilitative Physical Therapy		<u> </u>			
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V			
Skilled Nursing Facility				\$200,00	
Outside to Facility Foods Ambulatons Surgary Contart	v	$ \mathbf{\nabla}$			<b>E</b>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					
Outpatient Surgery Physician/Surgical Services	V	V			
Drugs	✓ All	✓ All			
Generics				\$10.00	
Preferred Brand Drugs				\$70.00	
Non-Preferred Brand Drugs				\$150.00	
Specialty Drugs (i.e. high-cost)		V			
Options for Additional Benefit Design Limits:			Plan Description		22.752703
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver \$2500 -	
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA00500	07
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?	46-01				
# Visits (1-10):					
Begin Primary Care Deductible/Coinsurance After a Set Number of	125-035				
Copays?					
# Copays (1-10):	2				
Output					
Calculate	Calandarian Co	and the			
Status/Error Messages:	Calculation Succe	ssful.			
Actuarial Value:	71.24% Silver				

II I					
User Inputs for Plan Parameters  Use Integrated Medical and Drug Deductible?			HSA/HRA Options	O KE DAS SAN	H TOP
Apply Inpatient Copay per Day?			yer Contribution?		Bler
Apply Skilled Nursing Facility Copay per Day?		THO I THE TEMPS			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contril	oution Amount:	\$0.00	
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Bronze 🔻				
Desired Wetai Hei		1 Plan Benefit De	selan	1	- 1
	Medical	Drug	Combined	1	N
Deductible (\$)	\$3,750.00	\$0.00	Combined	1	
Coinsurance (%, Insurer's Cost Share)	50,00%	50.00%			
OOP Maximum (\$)		50.00			-
OOP Maximum if Separate (\$)	Ψ1,1.	30.00		1	1238
OOF Maximum 11 Separate (3)	E GUELO CORREDO ES		1		
Click Hore for Important lectrustions	THE RESERVE	Tie	r1	5'-11V W11E	
Click Here for Important Instructions	Subject to	Subject to	Colnsurance, If	Copay, if	Su
Type of Benefit	Deductible?	Coinsurance?	different	separate	Dec
sees, not a see a substitution of the second	Deductibler  ✓ All	✓ All	unierent	separate	Det
Medical		V	MEDICAL PROPERTY.		THE RES
Emergency Room Services	N N	<u> </u>			No.
All Inpatient Hospital Services (inc. MHSA)					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~	ightharpoons			
X-rays)	V	<b>V</b>			
Specialist Visit	<u> </u>	<u>E</u>			
Mental/Behavioral Health and Substance Abuse Disorder	✓	V			100
Outpatient Services	V				
Imaging (CT/PET Scans, MRIs)					
Rehabilitative Speech Therapy	V	✓			
D. I. Lake at C. C. L. J. D. L. Allitantina Physical Theorem.	V	abla			
Rehabilitative Occupational and Rehabilitative Physical Therapy			100%	\$0.00	
Preventive Care/Screening/Immunization	V		100/6	30.00	
Laboratory Outpatient and Professional Services	<u> </u>	V			
X-rays and Diagnostic Imaging		V			
Skilled Nursing Facility				E Walter of Manual	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	$\checkmark$			
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>			
	✓ All	✓ All	TO THE WASHING	King areas	
Drugs Generics				\$25.00	Igylls.
Preferred Brand Drugs	H			\$125.00	100
Non-Preferred Brand Drugs				\$200.00	
Specialty Drugs (i.e. high-cost)	- F	<u> </u>		φ200,00	
Options for Additional Benefit Design Limits:			Plan Description	•	
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Bronze \$3750	- 50%
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	27651IA00500	
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	27651	
# Days (1-10):			10000111100101		
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):		î' E:			
Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
Copays?					
#Copays (1-10):					
Output		1			
Calculate Status/Error Messages:	Calculation Succe	essful.			
Actuarial Value:	61.23%				
Metal Tier:	Bronze				

User Inputs for Plan Parameters		v			
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Narrow
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Blended Networ
Apply Skilled Nursing Facility Copay per Day?				60.00	1st Tie
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	oution Amount:	\$0.00	2nd Tie
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier					
Desired Wetai Her	- house	r 1 Plan Benefit D	osian	]	Tier 2 P
	Medical	Drug	Combined	1	Medical
Do dustible (¢)	\$5,000.00	\$0.00	Combined		Medical
Deductible (\$)	90.00%	50.00%			
Coinsurance (%, Insurer's Cost Share)					
OOP Maximum (\$)	\$7,1	.50.00		l	S 9/14 ( S - 9/14 - 9/14)
OOP Maximum if Separate (\$)					
THE WAY AND A SECRET OF THE WAY WAS A SHARE THE T		_			
Click Here for Important Instructions			er1	0	Cultinates
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to
	Deductible?	Coinsurance?	different	separate	Deductible? Co
Medical	✓ All	✓ All			✓ Ali
Emergency Room Services	V	V			
All Inpatient Hospital Services (inc. MHSA)	V	V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	☑	V			
X-rays)					and the second second
Specialist Visit	V	✓			
Mental/Behavioral Health and Substance Abuse Disorder	v				
Outpatient Services		V			take taken and the second
Imaging (CT/PET Scans, MRIs)	V	V			
Rehabilitative Speech Therapy	V	V			
	V	V			
Rehabilitative Occupational and Rehabilitative Physical Therapy	(Y)	<u>~</u>			
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V			
Skilled Nursing Facility	V	V			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	✓			Annual de
Outpatient Surgery Physician/Surgical Services	$\overline{\mathbf{v}}$	V			
Drugs	✓ All	✓ All			✓ All
Generics				\$25.00	
Preferred Brand Drugs				\$125.00	
Non-Preferred Brand Drugs				\$200.00	
Specialty Drugs (i.e. high-cost)		<u> </u>			
Options for Additional Benefit Design Limits:			Plan Description	:	
Set a Maximum on Specialty Rx Coinsurance Payments?		Ï	Name:	Bronze \$5000	- 10%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA005000	
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	27651	
# Days (1-10):			issuel mos is:	27002	
Begin Primary Care Cost-Sharing After a Set Number of Visits?		†			
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
The state of the control of the cont		1			
Copays?					
# Copays (1-10):	67	J			
Output					
Calculate	Calculation Succ	occful			
Status/Error Messages:		essiui.			
Actuarial Value:	60.06%				
Metal Tier:	Bronze				

User Inputs for Plan Parameters					
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		
Apply Inpatient Copay per Day?			yer Contribution?		Blenc
Apply Skilled Nursing Facility Copay per Day?				do no	
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Bronze 🔻				
	Tie	r 1 Plan Benefit De	esign		600
	Medical	Drug	Combined	1	M
Deductible (\$)	\$6,500.00	\$0.00	以於於沒含於	ĺ	
Coinsurance (%, Insurer's Cost Share)	90.00%	50.00%			
OOP Maximum (\$)		150.00		1	
OOP Maximum if Separate (\$)		3.000		•	
(17)		A STATE OF THE PARTY OF THE PAR	•		
Click Here for Important Instructions		Tie	er1		n Prik
	Subject to	Subject to	Coinsurance, if	Copay, if	Suk
Type of Benefit	Deductible?	Coinsurance?	different	separate	Ded
Medical	✓ All	✓ All			
Emergency Room Services	V	V			
All Inpatient Hospital Services (inc. MHSA)	V	V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and			**************************************		
X-rays	$\checkmark$	$\checkmark$			
Specialist Visit	V	V			
Mental/Behavioral Health and Substance Abuse Disorder					
Outpatient Services	$\checkmark$	V			
Imaging (CT/PET Scans, MRIs)	V	V			
Rehabilitative Speech Therapy	V	V			10/200
	Nacial				) (iii) (iii)
Rehabilitative Occupational and Rehabilitative Physical Therapy	V	V			
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V			
Skilled Nursing Facility	V	V			
		F-3			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			
Outpatient Surgery Physician/Surgical Services	V	V			
Drugs	✓ All	<b>✓</b> All	<b>医医验验</b>		
Generics				\$25.00	
Preferred Brand Drugs				\$125.00	
Non-Preferred Brand Drugs				\$200.00	
Specialty Drugs (i.e. high-cost)		V			Į.
Options for Additional Benefit Design Limits:			Plan Description	:	
Set a Maximum on Specialty Rx Coinsurance Payments?		7	Name:	Bronze \$6500	- 10%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA00500	10
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		7			
# Visits (1-10):					
Begin Primary Care Deductible/Coinsurance After a Set Number of					
Copays?					
# Copays (1-10):		_			
Output					
Calculate					
Status/Error Messages:	Calculation Succ	cessful.			
Actuarial Value:	58.14%				
Metal Tier:	Bronze				

User Inputs for Plan Parameters	[2]	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ICA (IDA Oution		
Use Integrated Medical and Drug Deductible?	$oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}$		HSA/HRA Options		Blen
Apply Inpatient Copay per Day?		нза/нка етріо	yer Contribution?		blen
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		
Use Separate OOP Maximum for Medical and Drug Spending?				ETELL OF B	
Indicate if Plan Meets CSR Standard?	-				
Desired Metal Tier		4 Dl D	4-2	1	
		1 Plan Benefit De	Combined	1	N
D. J. wilds (A)	Medical	Drug	\$4,400.00	4	10
Deductible (\$)					
Coinsurance (%, Insurer's Cost Share)			100.00%	-	
OOP Maximum (\$)			\$4,400.00	]	
OOP Maximum if Separate (\$)	· 图象 图象 图象 图像 图象				
Click Here for Important Instructions		Tie	r1		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Su
туре от вененс	Deductible?	Coinsurance?	different	separate	Dec
Medical	<b>✓</b> All	<b>✓</b> All			
Emergency Room Services	V	<u> </u>			
All Inpatient Hospital Services (inc. MHSA)	V	V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>				
X-rays)	V	V			
Specialist Visit	V	V			
Mental/Behavioral Health and Substance Abuse Disorder					
Outpatient Services	V	V			
Imaging (CT/PET Scans, MRIs)	V	V			
Rehabilitative Speech Therapy	V	V			
	v	V			
Rehabilitative Occupational and Rehabilitative Physical Therapy	v	M			
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	✓	***************************************		
X-rays and Diagnostic Imaging	V	<b>V</b>			
Skilled Nursing Facility	V	V		***************************************	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			
Outpatient Surgery Physician/Surgical Services	V	✓			
Drugs	<b>✓</b> All	<b>✓</b> All			
Generics	V	✓			
Preferred Brand Drugs	V	V			
Non-Preferred Brand Drugs	V	V			
Specialty Drugs (i.e. high-cost)	V	V			
Options for Additional Benefit Design Limits:			Plan Description	:	
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Silver HSA \$44	400 - 0%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA00600	01
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):					
Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
Copays?	0 <del></del> 6.				
# Copays (1-10):					
Output		_			
Calculate					
Status/Error Messages:	Calculation Succ	essful.			
Actuarial Value:	68.07%				
Metal Tier:	Silver				

User Inputs for Plan Parameters					
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Narro
Apply Inpatient Copay per Day?			yer Contribution?		Blended Netwo
Apply Skilled Nursing Facility Copay per Day?				588	1st Tie
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd Tie
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Silver				
	Tier	1 Plan Benefit De	esign		Tier 21
	Medical	Drug	Combined		Medical
Deductible (\$)	49/2019/45/5		\$2,000.00		
Coinsurance (%, Insurer's Cost Share)			50.00%		
OOP Maximum (\$)			\$4,000.00	1	
OOP Maximum if Separate (\$)				•	
II Understand Stagmenders of Control of Cont					
Click Here for Important Instructions		Tie	r1		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible? C
Medical	✓ All	<b>☑</b> All			✓ All
Emergency Room Services	V	V	55%		
All Inpatient Hospital Services (inc. MHSA)	V	V	55%		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	E-1	[27]			
X-rays)	V	V			Line were
Specialist Visit	V	V			
Mental/Behavioral Health and Substance Abuse Disorder	[ <del>]</del>	☑			
Outpatient Services	<u> </u>			***************************************	and the second second
Imaging (CT/PET Scans, MRIs)	V	V		***************************************	
Rehabilitative Speech Therapy	V	V			
	V	V			
Rehabilitative Occupational and Rehabilitative Physical Therapy				none and an	
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V			1-1-1-1
Skilled Nursing Facility	V			M. T. C.	THE RESERVE TO SHARE THE PARTY OF THE PARTY
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	<b>V</b>		CONTRACTOR DESCRIPTION	
Outpatient Surgery Physician/Surgical Services	V	V	COLONIA CARE COLO COLO CARE CONTRACTO ANTICONO COLO		
Drugs	✓ All	✓ All			✓ All
Generics	V	V			
Preferred Brand Drugs	V	V			
Non-Preferred Brand Drugs	V	V			
Specialty Drugs (i.e. high-cost)	V	V			
Options for Additional Benefit Design Limits:		1	Plan Description		
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver HSA \$20	
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:	27651IA006000	02
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	27651	
# Days (1-10):		-			
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):		-			
Begin Primary Care Deductible/Coinsurance After a Set Number of					
Copays?					
# Copays (1-10):		]			
Output					
Calculate	Calaulatian Ca				
Status/Error Messages:	Calculation Succ	esstut.			
Actuarial Value:	71.16%				
Metal Tier:	Silver				

User Inputs for Plan Parameters  Use Integrated Medical and Drug Deductible?	☑		HSA/HRA Options		Narro
Apply Inpatient Copay per Day?			yer Contribution?		Blended Netwo
Apply Skilled Nursing Facility Copay per Day?		HSA/TIKA EMPIO	yer continuation:	E. The Later Williams	1st Tie
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd Tie
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier					
Desired Metal Her		1 Plan Benefit D	eign	1	Tier 21
·	Medical	Drug	Combined	1	Medical
Deductible (\$)	Wedical	Diug	\$4,400.00	1	
Coinsurance (%, Insurer's Cost Share)			50.00%		
OOP Maximum (\$)			\$6,550.00	1	
OOP Maximum if Separate (\$)			φοροσίου	1	
OOT Waximum is separate (4)			-		
Click Here for Important Instructions		Tie	er 1		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible? C
Medical	✓ All	✓ All		<b>用能够到</b>	✓ All
Emergency Room Services	V	V	-0.50 -0.00 -0.00 -0.00 -0.00 -0.00		
All Inpatient Hospital Services (inc. MHSA)	~	V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		ы			September 1
X-rays)	V	✓			
Specialist Visit	V	V			
Mental/Behavioral Health and Substance Abuse Disorder	F-1				
Outpatient Services	☑	✓			
Imaging (CT/PET Scans, MRIs)	V	V			
Rehabilitative Speech Therapy	V	V			
	V	v			
Rehabilitative Occupational and Rehabilitative Physical Therapy	(V)	M			
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V			
Skilled Nursing Facility	V	V			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	V			1 6
	<u> </u>	~		Landan and and are arrived	
Outpatient Surgery Physician/Surgical Services	✓ All	✓ All	ASSESSMENT AND SERVICE		✓ All
Drugs		V			
Generics		V			
Preferred Brand Drugs	<u> </u>	V			
Non-Preferred Brand Drugs	<u> </u>				
Specialty Drugs (i.e. high-cost)	<u> </u>		Plan Description		asses the same of the same of
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Bronze HSA \$4	1400 - 50%
			Plan HIOS ID:	27651IA006000	
Specialty Rx Coinsurance Maximum:  Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	27651	55
			issuel filos ib.	27031	
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?		1			
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
		1			
Copays? #Copays (1-10):		[			
		J			
Output					
Calculate Status/Error Messages:	Calculation Succ	assful			
Actuarial Value:	61.98%	- John Hi			
Metal Tier:	Bronze				
IVICTOL LICIT	WI WILLIAM				

V					
User Inputs for Plan Parameters  Use Integrated Medical and Drug Deductible?	V		HSA/HRA Options		Narrov
Apply Inpatient Copay per Day?			yer Contribution?		Blended Networ
Apply Skilled Nursing Facility Copay per Day?					1st Tie
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd Tie
Indicate if Plan Meets CSR Standard?		H)			
Desired Metal Tier					
Desired Wetar Her		1 Plan Benefit D	esign	Ì	Tier 2 F
	Medical	Drug	Combined		Medical
Deductible (\$)		Service Control of the Control of th	\$6,550.00	1	
Coinsurance (%, Insurer's Cost Share)			100.00%		
OOP Maximum (\$)			\$6,550.00	1	
OOP Maximum if Separate (\$)					
	BOUND TAX IS IN THE		•		
Click Here for Important Instructions		Tie	er 1		
The state of the s	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible? C
Medical	✓ All	✓ All			✓ All
Emergency Room Services	V	V			
All Inpatient Hospital Services (inc. MHSA)	V	V	The state of the s		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					
X-rays)	V	✓			The second
Specialist Visit	V	V			
Mental/Behavioral Health and Substance Abuse Disorder	v	v			
Outpatient Services				***************************************	
Imaging (CT/PET Scans, MRIs)	V	V			
Rehabilitative Speech Therapy	V	V			
	☑	☑			
Rehabilitative Occupational and Rehabilitative Physical Therapy		C C		THE RESERVE OF A STREET ASSESSMENT OF THE	
Preventive Care/Screening/Immunization			100%	\$0.00	
Laboratory Outpatient and Professional Services	V	V			
X-rays and Diagnostic Imaging	V	V			
Skilled Nursing Facility	V	V		VILLEGE VALUE OF THE PARTY OF T	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	$\checkmark$			
Outpatient Surgery Physician/Surgical Services	V	V			
Drugs	✓ All	✓ All			VAL
Generics	V	✓			
Preferred Brand Drugs	V	V			
Non-Preferred Brand Drugs	V	V			
Specialty Drugs (i.e. high-cost)	V	<b>V</b>			
Options for Additional Benefit Design Limits:			Plan Description	:	
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Bronze HSA \$6	6550 - 0%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	27651IA00600	04
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):					
Begin Primary Care Deductible/Coinsurance After a Set Number of		1			
Copays?					
# Copays (1-10):					
Output					
Calculate					
Status/Error Messages:	Calculation Succ	essful.			
Actuarial Value:	61.23%				
Metal Tier:	Bronze				

Hard College Property and					
User Inputs for Plan Parameters	✓		HSA/HRA Options		
Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day?			er Contribution?	П	Blen
Apply Skilled Nursing Facility Copay per Day?		HSA/TINA EMPIO	ver contribution:		Dici
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	ution Amount:		
Indicate if Plan Meets CSR Standard?					
Desired Metal Tier	Bronze 🔻				
Desired Wetar Her		1 Plan Benefit De	sign	Ì	2.5
	Medical	Drug	Combined		N
Deductible (\$)			\$5,750.00		
Coinsurance (%, Insurer's Cost Share)			80,00%		
OOP Maximum (\$)			\$6,550.00	10	
OOP Maximum if Separate (\$)				•	
ate and description of the second description and the second description an			•		
Click Here for Important Instructions		Tie	1,140		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Su
туре от венени	Deductible?	Coinsurance?	different	separate	Dec
Medical	✓ All	✓ All	医维克特里多红	A. 《从表记图图	
Emergency Room Services	V	<u> </u>			
All Inpatient Hospital Services (inc. MHSA)	V	V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	V			
X-rays)					
Specialist Visit	V	V			
Mental/Behavioral Health and Substance Abuse Disorder	☑	✓			
Outpatient Services		// Table /			
Imaging (CT/PET Scans, MRIs)	V	V			_
Rehabilitative Speech Therapy	<u> </u>	V			
Rehabilitative Occupational and Rehabilitative Physical Therapy	V	<b>V</b>			
Preventive Care/Screening/Immunization	П		100%	\$0.00	
Laboratory Outpatient and Professional Services	~	<u> </u>		and an owner of the contract o	
X-rays and Diagnostic Imaging		<u> </u>			
Skilled Nursing Facility		<b>V</b>			
					- Autoria
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	ightharpoons	✓			
Outpatient Surgery Physician/Surgical Services	V	V			
Drugs	<b>✓</b> All	<b>✓</b> All			
Generics	V	V			
Preferred Brand Drugs	V	V			
Non-Preferred Brand Drugs	V	V			
Specialty Drugs (i.e. high-cost)	V	V			
Options for Additional Benefit Design Limits:		_	Plan Description	:	
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze HSA \$5	5750 - 2
Specialty Rx Coinsurance Maximum:		_	Plan HIOS ID:	27651IA006000	05
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	27651	
# Days (1-10):					
Begin Primary Care Cost-Sharing After a Set Number of Visits?					
# Visits (1-10):		1			
Begin Primary Care Deductible/Coinsurance After a Set Number of					
Copays?					
# Copays (1-10):		1			
Output					
Calculate	1 <u>20</u> 1 <b>15</b> 1 <b>5</b> 10227 987				
Status/Error Messages:	Calculation Succe	esstul.			
Actuarial Value:	61.56%				
Metal Tier:	Bronze				

٨	0 0	ш	ч.	9	Н	-	~	1	Z	0	۵	a	æ	s	-	כ	^	×		>
1 0	Unified Rate Review v3.3																			
1 W 4	Company Legal Name: 6	Gundersen Health Plan, Inc. 27651		State: IA	IA Individual															
ъ ю	Effective Date of Rate Change(s): 1/1/2017	1/1/2017																		
V 80 60	Market Level Calculations (Same for all Plans)	(8			iz is															
12 11 12	Section I. Experience period data Experience Period:	1/1/2015	ţ,	12/31/2015											30 <sup>-2</sup>			(7)		
13 17 18	Premiums (net of MIR Rebate) in Experience Period: Incurred Claims in Experience Period Allowed Claims: Inflex Nate of Experience Period Experience Period Member Months		Experience Period Aggregate Amount \$387,393 \$387,393 \$3832,989 \$948,393	\$564.71 \$564.71 1,214.27 1,382.50 \$1,380.00	% of Prem 100.00% 215.02% 244.81%												3.			
20 21	Section II: Allowed Claims, PMPM basis		Experience Period	Period		Projecti	Projection Period:	1/1/2017	t	12/31/2017		Mid-point to Mi	d-point, Experi	Mid-point to Mid-point, Experience to Projection:		24 months				
22			on Actual Experience Allowed	nce Allowed		Adj't. from Experience to Projection Period	verience to	Annualized Trend Factors	Trend	Projections, b	Projections, before credibility Adjustment	, Adjustment		Credibility Manual	Į.					
		Utilization	Utilization per	Average		Pop'l risk	1			Utilization per	Average		Utilization	Average		Ĩ				
23	Benefit Category	Davs	1,000	S4.001.32	\$225.46	Morbidity 1,000	1.043	1.044	1.008	1,000	\$4,548.71	\$260.42	331.68	\$4,453.57	\$123.10	0				
52	Outpatient Hospital	Services	4,199.48	1,290.78	451.72	1,000	1.043	1.056	1.016	4,334.94	1,501.29	_				4				
26	Professional	Services	33,762.91	154.21	433.89	1,000	1.043	1.044	1.012	34,578.08	175.31	505.16	16726.60	171.64	239.25	vo c				
28	Other Medical Capitation	Other	0,00	0.00	0.00	1,000	1,000	1,000	1.000	0.00	0.00					1 0				
53	Prescription Drug	Services	22,859.86	127.14	242.20	1,000	1.043	1.088	1.017	23,643.70	156.97	\$309.28	11436.93	156.65	149.30	91 <del>-</del>				=
31	Total				51,382.50							57,051,23			2/00/¢		After Credibility	<b>Projected Period Totals</b>	od Totals	
32	Section III: Projected Experience:			ā	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	perience Claims	PMPM (w/app	lied credibili	ty if applicable			%00.0	Va.		100.00%				\$802,239	
33					•	Paid to Allowed Average Factor in Projection Period	Average Facto	or in Projection	on Period	·							0.686			
34						Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM Projected Risk Adjustments DMPM	red Claims, be	fore ACA rein	ո & Risk Adj't,	PMPM							\$539.55	.55	\$550,336	
0 0						Projected Inc	urred Claims	hefore reince	rance recover	Occured his Adjustments from the Population Patrice recoveries not of rein prem PMPM	MDM ma-						\$574.68		\$586.169	
37						Projected ACA reinsurance recoveries, net of rein prem, PMPM	einsurance re-	coveries, net	of rein prem,	PMPM							00.00		01	
38				ď	Projected Incurred Claims	aims											\$574.68	550	\$586,169	
4				ď	Administrative Expense Load	se Load									11.78%	%8	82.50		84,147	
41				a F	Profit & Risk Load										2.18%	% %	15.27		15,572	
43				· is	Single Risk Pool Gross Premium Avg. Rate, PMPM	Premium Avg.	tate, PMPM										\$700.31		\$714,317	
44				트	index Rate for Projection Period	tion Period											\$784.39			
45						% increase over Experience Period	· Experience P.	eriod									24.01%			
4 4 48				ů.	Projected Member Months	Tonths	nailten.												1,020	
-				OA COLUMN TO SERVE TO		Lange to constitute and an expension			100 mm	Sedia (OSS) des Collega (Albano) de la consecção	TO THE STATE OF TH	W September 1								
49	Information Not Releasable to the Public Unless Authorized by Lawr. This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be discussing disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.	blic Unless Authori stributed, or copie	ssable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.	rmation has not orized to receive	been publically dis the information.	closed and may Inauthorized dis	oe privileged a closure may r	nd confident esult in prose	tial. It is for int ecution to the	ernal governmen full extent of the	it use only and r. law.	nust not be								
200	,							000												

Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID: Effective Date of Rate Change(s):

Gundersen Health Plan, Inc. 27651 1/1/2017

IA Individual

State: Market:

0.712 0.848 Renewing POS 0.581 0.719 Remarking POS 0.612 0.728 Removing POS 0.712 0.909 Renewink POS 0.695 0.883 Renewling POS 0.793 0.945 Remarking POS 0.815 0.997 Renewing Platinur 0.917 1.127 Reserving POS Platinum 0.914 1.116 Renewine POS Section I: General Product and Plan Info

Dies in Chandred Commonent IDI:	Total	27651IA0050001 27	/ ESTIMOSOCOLO	/ Contractor 2	TOO COOK TEN	-			00 200	24 613	620.10	-50.80	-516.09	-57.15	-511,83	-515.20	1011
	-512.94	-518.79	-516,94	-515.06	-\$15.55	-51451	-517.94	-515.77	21320	20100	2000	1000	19 (+)	56.35	.56.34	-514.28	-57.70
Inpadent	.56.52	-510.63	:27.13	-56.43	-\$8,50	.58.18	-514.93	SE.78	-59.84	1000	2000	20000	CA 61	524.83	511.38	\$4.00	59.56
Designations	\$14.15	\$17.96	521,24	518.67	\$15.73	514,32	\$8.33	514.65	\$9.06	59,40	-54.74	20.00	\$1.22	511.46	53.51	-50.99	\$2.58
Beerer Orlean Deur	2,3	\$5.52	27.60	\$6,65	\$5,03	24.45	80.69	To the second	22.97	20.00	50.02	50.75	50.22	\$132	SOAS	.50.03	\$6.05
Other	09'05	50.72	\$0,94	\$0.82	SO.64	\$0.57	50.17	3038	20,00	0000	coop	20.00	80.00	80.00	20.00	20,00	\$0.00
Castation	\$0.00	\$0,00	20:00	\$0.00	\$0,00	2000	2000	2000	00000	C31 48	AD RCS	522.49	SISAR	\$40.43	531,64	\$28.73	\$30.69
Administration	\$36.77	\$48.15	\$49,55	\$44.13	\$41.40	539.48	237.14	233.81	200.00	29 293	567.28	531.85	\$75,05	577.53	\$65.38	\$62.00	\$62.18
The same of	\$75.34	\$102,98	\$103.70	\$21.78	\$67.19	58129	230.43	Washing and a second	0.000	63063	01.10	51.34	511.37	-52.06	\$0,77	59.15	29.62
Disk & Deally Charge	25.57	\$1.19	51,41	51.74	\$1.05	58,77	58.25	2000	210,48	030000	C0 605	581.39	\$103.03	\$151.68	\$94.41	573.42	\$95.49
Total Data Increase	\$116.69	\$146.89	\$160.37	\$141.81	\$126.99	\$126.07	\$107.09	\$120.41	20.00	20000	2000	\$0.00	\$0.00	80.00	\$0.00	20.00	\$0.00
Wember Cost Share Increase	00:05	\$0.00	80,00	80.00	20.00	80.00	\$0.00	30000	Anine.	20000	2000						
														-	2000	*34000	6491.04
	-	-	-	Anna Comp.	400000	4644.43	26 1505	\$5070.26	5534.78	\$546.47	\$575.43	5221.58	20'809'	5363-73	2577.65	2000	
Average Current Rate PMPM	\$584.92	\$823,59	5819.05	27,450	50,44,05	1000	-	-	9	20	12	12	156	228	24	34	16.5
	uco s	94	3.6	241	24	24	W.W.	77	35					1200000			

					L		and the same and	THE STANDEDON'T	SUPPLIES TO TO THE PARTY OF THE	27651140050000	276511A0050010	276511A00S0014	27651IAD060001	27651IA0060002 Z	276511A0060003		27651IA0060005
Olive ID Steamford Commonwell [D]:	Total	27651:A0050001	27651IA0050002	27651IAC	276511AC	276531AC	- 1	A TRISTINGUISMON		Ar acre	CEAT 67	07.65472	5523.63	\$800.96	5451.81	\$441.69	\$424,91
	\$519.15	\$726.58	5708.76	\$626,66	\$615.21	\$556.00	5573,67	1871355	200000	20/3/40	2504.01			430	2	77	8
	949	69	21	48	32	17	0	2	9	0	1	200		670.467	613 630	122 243	\$40.366
Member Months	200	100	444.004	C20 C20	C10 687	59.452	\$0	\$1,164	\$7,514	20	20	23,677	330,047	200000	2000000		
Total Premium (TP)	\$356,134	235,602	514,884	230,000		1	THE RESERVE	THE REAL PROPERTY.			The second second	100000	100000000000000000000000000000000000000	1000 OK		100000	
Description of TD from Instrumitations	469'66	29,05%	99.65%	99,65%	99,65%	99.65%	99.65%	90,65%	99.65%	1459.68	99,65%	99,65%	99,65%	%59°66	99.65%	99,657	200,00
state mandated benefits portion of TP that are other				-	2000	0.000	, no. 0	\$6000	0.00%	2000	0.00%	0.00%	0.00%	90000	0.00%	0.00%	16000
than EHB	0.00%	0.00%	0.00%				2000	A350	7656.0	0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	035%	0.35%
Other honelite norting of Th	0.35%	0.35%	0.35%	0.35%		ASE O	50		2000	00	5	05	\$265,321	\$176,709	\$149,052	54,136	\$20,620
Total Allowed Claims (TAC)	5948,393	\$68,323	\$143,945	\$65,558	\$10,507	523,796	000	nr.	Ž.	24							
Con the contract of TAT Lean Interior	90.84%	99.84%	99.84%	99.84%	90,54%	99.84%	99.34%	99.84%	99.84%	99,34%	99.84%	99.84%	99,84%	99.84%	99.84%	90,34%	99.84%
state mandated benefits portion of TAC that are other							2000	***************************************	0.00%	0.00%	9000	0.00%	0,00%	90000	0.00%	0.00%.	0,00%
then Pals	2,00%	2,00%	0.00%	7					0169	791.0	0.16%	0.16%	0,16%	0.16%	0.16%	0.16%	0.16%
Oshar handlits nortion of TAE	0,16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.197		NAME OF THE PARTY				The second second	THE PERSON OF TH	THE STREET STREET	CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-C	Chicago and a control
	000 0000	67 640	CAS 466	519.954	\$1,071	\$5,294	30	572	9055	8	98	2505	574,617	546,673	\$40,203	\$1,524	55,332
Allowed Claims which are not the Issuer's obligation:	2525,009						The state of the s						****	*******	Ş	Ş	Ç
Portion of above payable by MHS's funds on behalf of Insured person, in dollars	\$34,635	8	30	\$0	8	\$1,704	80	00	20	95	S	3.	\$10,699	250,031	Ř	3	3
Portion of above payable by HHS on behalf	30 7000	2000	0.00%	0.00%	2000%	%46.69	TD/V/OI	0		#OIV/OI	#DIV/OI	0.00%	14.34%	43.35%	\$108.849	\$2,613	\$12,287
Of Insured person, 31 7e	5005 626	560 683	594.480	\$66,574	59,435	\$18,503	So	272	20.00	000	2	1					
Total Incurred chilms, payable with ritual fullias	- Comment							-			100000000000000000000000000000000000000	The second second				12000	TE 8745
			2000000	4000000	.044733	18 593.	20.00	57.33	-\$58.67	20.00	80,00	-536.67	556,042,06	250,201.34	270,110,00		40.000
Net Amt of Rein	\$159 500.85				ľ			571.74	-\$573,92	\$0.00	20.00	-\$158,70	-S4,017,42	-54,985.90	52,582,63	-57,618,50	*58,4U/.63
Net Amt of Risk Adi	-524,606,69	-51,757.54	17.0010-														
						60 000 00	introde in	436.70	55835	10/AiC#	MDIVIOI	\$35.79	\$1,707.71	\$935.51	\$1,511.79	535.79	5179.34
Incurred Claims PMPM	\$1,013,88							50.03	2	#DIV/DI	IDIV/OI	\$0.00	\$2,368.93	\$1,271.39	\$2,070.17	\$56.66	\$217.05
Allowed Claims PMPM	\$1,382,50							0000		Id/Mdn	1C/AIOH	\$0.00	\$2,365.14	\$1,269.75	\$2,066.85	\$56.57	\$216.70
EHR nortion of Allowed Claims, PMPM	\$1,380,29	\$1,392.12	\$6,843,56	\$1,779.62	5327.81	51,397.55		2000						717			

						TOURISTONE	SOUGHOUSE	276511ADDSDD7	275511A0050008 276511A0050009	27651IADC500091	2765: IA0050010	276511A0050010 276511A0050014	27651IA0060001	ZABSTROODOOK ZABSTROODOOK	A RESTRICTION OF	200000000000000000000000000000000000000	
Plan ID IStandard Component IDE	Total	27651IADCSC001	276531A0050002	2705114	ZIOSTINCO SICCO	21000		Care to the	Pendon	SC 7733	37 5635	5548.83	5703.12	ST3433	5613.11	\$578.55	SSM,10
a divisional fundamental	520025	\$966.45	55.52.65	\$863.07	5318.41	5764.70	575	5/8/192	20,000	-			156	228	24	34	168
Man Adiusted index name	040.		36	7.4	24	34	48	12	09	76	77	-		000 0000	246.440	609 609	\$08 178
Wember Months	1,070			010	0.5	\$64.201	536.107	\$9.449	\$37,803	\$15,463	57,473	\$6,586	\$109,686	5167,428	514,715	040'030	270,140
Total Premium (TP)	5714,299	523.195	511,616														
And the second second second second	99.73%	96.73%	X87.90	. 99,73%.	24.27.00	A67.3%	99,73%	99.73K	99.73%	99,73%	99,73%	99,73%	90,73%	462.66	96,73%	99,73%	99,73%
state manufactured honeilts nortion of TP that are other									2000	2000	2000	90000	0.00%	9000	0.00%	0.00%	9,00%
the Did	0.00%	90000	9000			The state of the s	0.00%	0,00%	0.00%	2000	0.27%		0.27%	0.27%	0.27%	0.27%	0.27%
Cabus beautity norther of TD	0.27%	0.27%	2 0.27%	0.27%	0.37%		0.27%	0.27%	0.277	2000000	40.473		695 9615	5183.145	518.253	\$63,394	5124,227
Total Allowed Claims (TAC)	5797,607	\$20,167	530,673	120,025	\$19,452	\$66,432	SN8,772	\$10,015	222/525	318,888	30,447						
	464 73%	267.00	XET. 99 . 73 %	XET.00	29,73%	99.73%	26.73%	ACT.00	29.73%	99,73%	99,73%	99,73%	99,73%	%CZ-66	99.73%	99,73%	99,73%
SHB Percent of TAC, Isee instructions:	and the same							1000	2000	2000	9000	9000	0.00%	7000k	2000	0.00%	,400°0
Are Dua	0.00%	9600'0	0.00%	2,0000	,x00.0			0,000	2000	1	act o	MEGO	ALC O	n 27%.	0.27%	0.27%	0.27%
Anti- Landing against of The P	0.27%	0.2	27% 0.27%	0.27%	2750	0.27%	0.27%	0.27%	0.27%	0.27%	0.075						
The section of the se					97.00	614 000	66,036	20200	\$15,069	55,843	\$3,044	\$1,314	\$36,572	543,940	\$6,103	\$34,005	544,693
Allowed Claims which are not the issuer's obligation	\$214,773	\$465	27,620	22,690							Contract of the last	Control of the last of the las	Organization of the last of th	OF THE PERSON	The same		
Portion of above payable by HHS's funds on behalf of insured person, in dollars	572,278	9.	The Contract	25 05	×	\$9,316	\$6,326	\$1,526	\$151	\$59	\$30	95	523,983	\$29,830	202	2336	5447
Portion of above payable by HKS on behalf of Insured person, as %	33,75%	2000	%0000 %	c 0.24%	023%	70.10%	68.11%	69,25%	1,00%	1,01%	1,00%	.0000	85.58%	67.89%	1,00%	2,98%	3660
Total Incurred elaims, payable with issuer funds	\$582,835	\$19,192	2 529,053	3 \$17.132	\$16,241	\$52,428	529,483	57,811	\$30,653	\$12,540	\$6,33	\$2.898	\$88,990	\$139,206	\$12,150	\$39,3	579,534
							40	4	60	05	8	8	OŞ 20	20	50		8
Net Amt of Rein	20	Contract of the Contract of th	So	20				1	0.00	2000	24874	-5330	-SS.502	-\$3,399	-5738	-52,438	-\$4,923
	Con Act	. 13"	192 15:	-51,039	-5985	.53,221	-51,811		07.0 15.	13/16							